## PayFlex<sup>™</sup> Parking Reimbursement Account Enrollment Form

Please Print    SS#	New Enrollment	Annual Re	e-enrollment	Ch	nange	Check Her New Add	
Street	(Please Print) SS# –	_	Name				
Employer Name City of Lincoln Location # of Pay Periods Annually _26  Yes, I wish to participate in the PayFlex Parking Compensation Program. I elect to contribute the amounts indicate below, during the Plan Year November 1, 2005, through October 31, 2006.  Pay Period Deduction  Parking Reimbursement Account  Parking Reimbursement Account  SS	JO#		(Le	ast)	(First)	(N	ЛI)
Parking Reimbursement Account    Parking Reimbursement Account   Parking Compensation Program.   I elect to contribute the amounts indicate below, during the Plan Year November 1, 2005, through October 31, 2006.    Parking Reimbursement Account   Parking Reimbursed with Parking Reimbursement Account   Parking Reimbursed with Parking Reimbursement Account   Parking Reimbursed with Parking Reimbursement   Parking Reimbursed With Parking Reimbursed Vision   Parking Reimbursed Vision   Parking Reimbursed Vision   Parking Reimbursed Vision   Parking Reimbursement   Parking Reimbursement	Street		City		State	Zip	
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Parking Reimbursement Account    Parking Reimbursement Account   S						the amounts indic	ated
S					Pay Per <u>Deduc</u> r	eriod Annua	al
l agree that the amount(s) shown above as TOTAL BEFORE-TAX DOLLARS may be deducted from my salary and deposited in my Parking Reimbursement Account. I understand that I will be reimbursed with before-tax dollars from my account for expenses eligible under Section 132 of the Internal Revenue Code.  I am also electing to utilize the mbi Flex Convenience Card to have claims paid by PayFlex from my Pla Account. I understand that by utilizing the mbi Flex Convenience Card for payment of claims that I am not authorized to exceed the amount designated in my Plan account for payment of claims By executing this Agreement, I further understand that in the event my use of the mbi Flex Convenience Card results in a charge being paid for non-Qualified expenditures, the City of Lincoln is authorized to deduct from my paycheck the amounts necessary to repay any charges paid for nonqualified expenditures or claims paid in excess of my annual plan contribution.  I have been offered the opportunity to enroll in the PayFlex Section 132 Plan of Parking Reimbursemer and do not wish to enroll at this time.  Employee's Signature:  Date:  Work Phone  Complete Section Below For Direct Deposit Only  Pre-Authorization For Direct Deposit  I authorize PayFlex Systems USA, Inc. to initiate a credit and/or debit entry to my account for my PayFlex reimbursements. This agreement is to remain in full effect until written notification is supplied by me terminating this agreement.  "VOIDED" CHECK MUST ACCOMPANY DIRECT DEPOSIT APPLICATION.  Name  [Please Print]	Parkinç	Reimbursement Acc	ount		\$	\$	
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Signature Date	Name (Please Print)			Social Securit	ty Number		
	Signature			Date			